



Incidental Business Permit - Application Request Form

Name: _____ SSN or Fed Tax ID #: _____

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Physical Address (if different from mailing address): _____

City/State/Zip: _____

Business Phone: _____ Fax: _____

Cell Phone: _____ Pager: _____

Email: _____ Website URL: _____

Business is being conducted as (check one):

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Company

☐ Other: _____

Person(s) authorized to sign on behalf of the business (name and title): _____

Description of Services to be provided under the IBP: _____

Type of IBP requested (check all that apply):

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Backpacking/Hiking
Tours | <input type="checkbox"/> Hunting Guide | <input type="checkbox"/> Land-Based Tours | <input type="checkbox"/> Scuba Diving Instruction &
Recreational Diving Excursions |
| <input type="checkbox"/> Boat Caretaking | <input type="checkbox"/> Incidental Boat
Repairs | <input type="checkbox"/> Launch, Retrieval &
Boat Hauling | <input type="checkbox"/> Specialty Services
(non-mechanical repairs) |
| <input type="checkbox"/> Fishing Guide | <input type="checkbox"/> Kayak/Canoe
Guided Excursions | <input type="checkbox"/> Marine Salvage | <input type="checkbox"/> Water Ski/Wakeboard Instruction |

Locations where services will be provided (check all that apply):

- | | | | |
|----------------------------------|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Wahweap | <input type="checkbox"/> Stateline | <input type="checkbox"/> Bullfrog | <input type="checkbox"/> Halls Crossing |
| <input type="checkbox"/> Hite | <input type="checkbox"/> Backcountry | <input type="checkbox"/> Lake Powell | <input type="checkbox"/> Lee's Ferry* |

*No new IBP's will be issued during Colorado River Recreation Management Planning effort.

COMMENTS: _____

I certify the information provided on this form is true and accurate to the best of my knowledge.

SIGNATURE: _____ DATE: _____

Mail this request form to:

National Park Service
Glen Canyon National Recreation Area
Attn: IBP Program
P.O. Box 1507
Page, AZ 86040-1507